



AF GP 1645

Docket No. 43016-B/JPW/SHS

In re application of: Philip Livingston and Friedhelm Helling

Serial No.: 08/477,097 Group Art Unit: 1645
Filed: June 7, 1995 Examiner: A. Caputa
For: GANGLIOSIDE-KLH CONJUGATE VACCINE PLUS QS-21

HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

S I R:

Transmitted herewith is an amendment to the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted. **RECEIVED**
a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed. **AUG 20 2000**
No additional fee is required. **TECH CENTER 1600/2900**

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | FEE | |
|--|-----------------------------------|---|---|---|---|---|----------------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 24 | - | * 20 | = | *** 4 | x | 9 | 18 | = | 36 |
| Indepen- dent Claims | 2 | - | ** 3 | = | *** 0 | x | 39 | 78 | = | 0 |
| Multiple Dependent Claims(s) Presented Yes <input checked="" type="checkbox"/> No | | | | | | | 130 | 260 | | 0 |
| For First Time: | | | | | | | TOTAL ADDITIONAL \$ 36.00 FEE | | | |

- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed. **RECEIVED**
AUG 20 2000

____ Please charge Deposit Account No. ____ **TECH CENTER 1600/2900**
in the amount of \$ ____.

 X A check in the amount of \$ 1,341.00 is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

Albert Wai Kit Chan

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Albert Wai Kit Chan 5/17/99
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